

9931

AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, that it may be properly classified. If any item can not be obtained insert word "unknown." Make every effort possible to secure this information. Incorrect certificates will be returned for correction.

PLACE OF DEATH		ARIZONA STATE BOARD OF HEALTH	
County	<u>Maricopa</u>	BUREAU OF VITAL STATISTICS	State Index No. <u>149</u>
District		ORIGINAL CERTIFICATE OF DEATH	County Registered No. <u>346 817</u>
Town	<u>Phoenix.</u>		Local Registrar's No. <u>2228</u>
Or City			
No. <u>South Second Ave.</u>		St.	
(If death occurred in a Hospital or Institution, give its NAME in stead of street and number.)			
FULL NAME <u>Wayne Davis.</u>			
PERSONAL AND STATISTICAL PARTICULARS		MEDICAL CERTIFICATE OF DEATH	
SEX	Color or Race	DATE OF DEATH	
<u>male</u>	<u>White</u>	<u>April 6th. 1914.</u>	
	<u>Indian</u>	(Month) (Day) (Year)	
	<u>Black</u>		
	<u>Chinese</u>		
	<u>Mexican</u>		
DATE OF BIRTH	SINGLE <u>divorced</u>	I hereby certify, that I attended deceased from	
<u>May 1st. 1878.</u>	MARRIED	191... to 191...; that I last saw h... alive	
(Month) (Day) (Year)	WIDOWED <u>white</u>	on 191... and that death occurred on the date	
	OR DIVORCED	stated above at <u>11P</u> M. The DISEASE or INJURY causing Death	
AGE	If less than 1 day,	was as follows:	
<u>36</u> yrs. <u>1</u> mos. <u>5</u> days	hrs., or min.	<u>Suicide by</u>	
		<u>Shooting.</u>	
OCCUPATION		(Duration) yrs. mos. days.	
(a) Trade, profession or particular kind of work		Was disease contracted in Arizona?	
(b) General nature of industry, business, or establishment in which employed or (employer)		If not, where?	
		CONTRIBUTORY	
BIRTHPLACE (State or country)		(Duration) yrs. mos. days.	
<u>Arizona.</u>		(Signed)	
NAME OF FATHER		<u>4/9/14, Phoenix, Arizona.</u>	
<u>J.W. Davis.</u>		*In deaths from VIOLENT CAUSES state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.	
BIRTHPLACE OF FATHER (State or country)		LENGTH OF RESIDENCE	
<u>Tennessee.</u>		At place of death <u>36</u> yrs. mos. ds. In Arizona <u>36</u> yrs. mos. ds.	
MAIDEN NAME OF MOTHER		Former or Usual Residence.	
<u>Walker.</u>		Filed	
BIRTHPLACE OF MOTHER (State or county)		April 9 1914	
<u>Ohio.</u>		Filed	
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE		5/5 1914	
(Informant)		Local Registrar	
<u>Justice of the Peace &amp; Ex-Officio</u>		County Registrar	
(Address)			
<u>Coroner, Phoenix, Arizona.</u>			
PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL OR REMOVAL		
<u>Masonic Cemetery.</u>	<u>4/10/14.</u>		
UNDERTAKER	ADDRESS		
<u>J.T. Whitney,</u>	<u>Phoenix, Arizona.</u>		